

Related Change Request (CR) #: 2378

MLN Matters Number: SE0424

Implementation Date: N/A

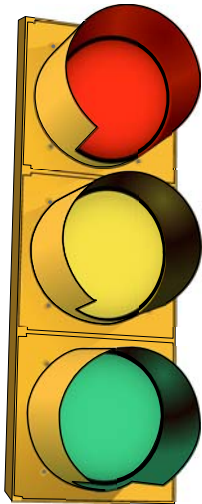
Clarification for Billing Left Ventricular Assist Devices

Note: This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

Provider Types Affected

All providers who bill Medicare for Left Ventricular Assist Systems (LVAS) and the medically necessary supplies and replacement accessories.

Provider Action Needed



STOP – Impact to You

Manufacturer(s) may have erroneously suggested that the Centers for Medicare & Medicaid Services (CMS) instructions on page 8 of Program Memorandum AB-02-152 allow providers to bring a recently discharged patient back for an outpatient visit to replace the Left Ventricular Assist Device (LVAD) equipment that was furnished under Part A in order to receive extra payment under Part B.

CAUTION – What You Need to Know

This erroneous suggestion may lead hospitals to believe that they can get extra Part B payment for the LVAD equipment in cases where the replacement or supplies are not medically necessary.

GO – What You Need to Do

Please note that Medicare payment is made under Part B for additional **medically necessary** supplies and replacement accessories required after the patient has been discharged from the hospital. Cases without medical need for replacement would be considered double billing. Please also refer to the *Background* section below.

Background

The program memorandum described in CR 2378 contains instructions regarding payment for the Left Ventricular Assist System (LVAS) or Left Ventricular Assist Device (LVAD) (page 8 of AB-02-152).

The Left Ventricular Assist System (LVAS) is implanted in an inpatient setting and Medicare payment is made under Part A for:

Disclaimer

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- Hospital inpatient services; and
- Supplies and all necessary accessories for the LVAS (provided in the inpatient setting).

Medicare payment is made under Part B for additional *medically necessary* supplies and replacement accessories required after the patient has been discharged from the hospital.

Claims for replacement of supplies and accessories used with the LVAS that are furnished by suppliers should be billed to the local carriers. Claims for replacement of supplies and accessories that are furnished by hospitals should be billed to the intermediary. It is the responsibility of the local carrier or intermediary to determine whether the replacement supplies and accessories can be covered and to provide instructions, as needed, on how often these items can be replaced.

Manufacturer(s) may have erroneously suggested that CMS instructions in AB-02-152 allow providers to bring a recently discharged patient back for an outpatient visit to replace the LVAD equipment that was furnished under Part A in order to receive extra payment under Part B. This erroneous suggestion may lead hospitals to believe that they can get extra Part B payment in cases where the replacement or supplies are not medically necessary.

CMS reminds providers, suppliers, and Medicare intermediaries and carriers that payment under Part B can only be made for replacement of components and accessories that are reasonable and necessary.

If the intermediary or carrier gets claims for replacement of items within a relatively short period of time following discharge from the hospital, they will be aware that this may just be an attempt to obtain additional reimbursement for the LVAD under Part B (in those cases where there is not a true replacement need).

For example, the batteries or power sources for these devices require periodic replacement. The manufacturers have indicated that these items should last approximately 6 months to a year, depending on the brand of device. Therefore, it would not be reasonable and necessary to replace these items anytime before these minimum, expected product lifetimes have expired. For other components and accessories, the product lifetimes will be even longer. Cases without medical need for replacement would be considered double billing.

Additional Information

To view page 8 of the program memorandum AB-02-152, visit

<http://www.cms.hhs.gov/Transmittals/downloads/AB02152.pdf> on the CMS web site.

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